



MISSOURI DEPARTMENT OF NATURAL RESOURCES
LAND RECLAMATION COMMISSION
REQUEST FOR APPROVAL OF RECLAIMED LAND

P.O. BOX 176
JEFFERSON CITY, MO 65102-0176

TO BE FILLED OUT BY OPERATOR

NAME OF COMPANY AND MINE OR PIT		LOCATION OF MINE COUNTY S- T- R-		
PERMIT NUMBER	ISSUED FOR (MINERAL)	ACREAGE		
NAME OF PERSON TO CONTACT TO COMPLETE INSPECTION				
ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NUMBER
SIGNATURE (OFFICIAL OF COMPANY)			DATE	

NUMBER OF ACRES RECLAIMED ACCORDING TO THE FOLLOWING STANDARDS

	SEED MIXTURE	ACRES
PASTURE		
FARM LAND		
FOREST		
WATER RESERVOIR		
RECREATIONAL AREA		
INDUSTRIAL AREA		
RESIDENTIAL AREA		
WASTE/DISPOSAL (LANDFILL)		
WILDLIFE MANAGEMENT		
TOTAL ACREAGE REVEGETATION SATISFACTORILY COMPLETED		

TO BE FILLED OUT BY INSPECTOR

PERFORMANCE STANDARDS

ACREAGE AFFECTED		ACREAGE GRADED TO TRAVERSABLE	
ACREAGE GRADED TO WILDLIFE HABITAT REQUIREMENTS		ACREAGE WITH VEGETATION SUFFICIENT TO CONTROL EROSION	
ACID/TOXIC MATERIAL PRESENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, BURIED UNDER TWO FEET (2') OF NON-ACIDIC/TOXIC MATERIAL	
DISTANCE TO NEAREST RIGHT-OF-WAY		DISTANCE TO NEAREST PROPERTY LINE	
PROTECTIVE BERM ESTABLISHED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE		TOPSOIL REPLACED TO 12' DEPTH? ACREAGE <input type="checkbox"/> YES <input type="checkbox"/> NO	
PERMANENT IMPOUNDMENT BUILT TO NRCS PONDS 378 STANDARDS? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE		PERMANENT IMPOUNDMENT STRUCTURE MEETS DAM AND RESERVOIR SAFETY PROGRAM REQUIREMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE	
SUBSTITUTE ACRES INVOLVED? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF SO, HOW?	
MAP ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF NO, WHY?	

RECOMMENDATION

1. BOND RELEASED ON	ACRES AMOUNT \$
2. REDUCTION OF BOND ON	ACRES NOT DISTURBED AMOUNT \$
3. TRANSFER OF CASH BOND AMOUNT \$	TO PERMIT NUMBER
4. OTHER 	

I HEREBY CERTIFY THAT THE STATEMENTS ABOVE ARE TRUE TO THE BEST OF MY KNOWLEDGE

SIGNATURE OF PERSON MAKING THE INSPECTION	DATE
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